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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

, Mgnmon (2212d

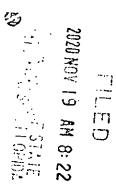
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T. SCOTT



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COVER LETTER

Division of Corporations		
SUBJECT: MAEL BUSINESS TEAM USA L	LC	
	sulting Florida Limit	led Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited L		ion, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concernin	g this matter to:	
STEPHANE TAIEB		
(Contact Person)		•
TAIEB & ASSOCIATES		_
(Firm/Company)		•
8383 WILSHIRE BLVD SUITE 740		
(Address)		•
BEVERLY HILLS, CA 90211		
(City, State and Zip Code)		-
laurent.couraud@maelbusiness.com		
E-mail Address: (to be used for future annual re	port notifications)	-
For further information concerning this ma	itter, please call:	
STEPHANE TAIEB	at (323	₃ 549-9006
(Name of Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amound dollars and drawn on a bank located in the		processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$180.00 Filing and Certified Cop	
Mailing Address:		Street Address:
New Filing Section Division of Corporations		New Filing Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tailahassee, FL 32303

INHS11 (7/17)

TO: New Filing Section

Jen J.



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2020

STEPHANE TAIEB 8383 WILSHIRE BLVD SUITE 740 BEVERLY HILLS, CA 90211

SUBJECT: MAEL BUSINESS TEAM USA LLC

Ref. Number: W20000065199

We have received your document for MAEL BUSINESS TEAM USA LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 520A00019609

2020 HOV 19 PH 12: 07

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605,1045, Florida Statutes.

Statutes.	
1. The name of the "Other Business Entity" im MAEL BUSINESS TEAM USA LLC	amediately prior to the filing of the Articles of Conversion is:
	her Business Entity)
2. The "Other Business Entity" is a LIMITED LI	ABILITY COMPANY
(Enter entity type. Example: corporation	limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the	he laws of
11010010	(Einter state, or if a non-U.S. entity, the name of the country)
1/3/2019 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability C	ompany as set forth in the attached Articles of Organization:
MAEL BUSINESS TEAM USA LLC	
(Enter Name of Florida Lim	ited Liability Company)
the date this document is filed by the Florida Note: If the date inserted in this block does not meet the locument's effective date on the Department of State's re-	of receipt or filed date nor more than 90 calendar days after Department of State.) applicable statutory filing requirements, this date will not be listed as the ecords.
5. The plan of conversion has been approved in	accordance with all applicable statutes.
 The "Converted or Other Business Entity" has which such members are entitled under ss. 605 	agreed to pay any members having appraisal rights the amount to .1006 and 605.1061-605.1072, F.S.
	<i>₩</i>
	2020 HOV 19 AH 8:

Jan A.

Signed this 6th day of May	20 20
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: LAURENT COURAUD	Title: OWNER
Signature(s) on behalf of Other Business Entity: [
Signature: Printed Name: COURTUP Jamen	Title: CEO
Signature:Printed Name:	TT- A
Printed Name:	_ Inde:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	_ Title:
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	3:	
MAEL BUSINESS TEAM USA LLC		
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LI.C.")	
ARTICLE II - Address:		
The mailing address and street address of the p	orincipal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	· .
178 VINTAGE CIRCLE APT 202	178 VINTAGE CIRCLE AP	PT 202
NAPLES, FL 34119	NAPLES, FL 34119	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)	stered Agent. You must designate an	ent's Signature: individual or another
The name and the Florida street address of the	registered agent are:	
LAURENT COURAUD		
Nam	ie	
178 VINTAGE CIRCLE APT	202	
Florida street address (P.C). Box <u>NOT</u> acceptable)	
NAPLES	FL ³⁴¹¹⁹	
City	Zip	
Having been named as registered agent and t	to good comics of many of	tanatanat managa termina
liability company at the place designated in	n this certificate. I herchy ac	or the above statea limitea cept the appointment as
registered agent and agree to act in this capac	city. I further agree to compl	ly with the provisions of all
statutes relating to the proper and complete	perform u nce of my duties, ar	nd I am familiar with and
accept the obligations of my position as re	gistered agent as provided fo	or in Chapter 605, F.S.,
10		
Registered Agent's Sig	nature (REQUIRED)	
(CONTIN	(UED)	2020 HOV 19
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The name and address of each person authorized to manage and control the Limited Liability Company:

# A A C T	
"AMBR" = Authorized Member	
"MGR" = Manager	LAUGENT COURAGE
MANAGER	LAURENT COURAUD
	178 VINTAGE CIRCLE APT 202
	NAPLES, FL 34119
MANAGER	FLORENCE COURAUD
	178 VINTAGE CIRCLE APT 202
	NAPLES, FL 34119
	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	
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LE V: Other provisions, if any.	Let A
LE V: Other provisions, if any. REQUIRED SIGNATURE:	
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance.	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware th
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. LAURENT COURAUD	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware the timent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S. LAURENT COURAUD	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware th

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: MAEL BUSINESS TEAM USA LLC

FILE NUMBER:

201901410567

FORMATION DATE:

01/03/2019

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 3, 2020.

ALEX PADILLA Secretary of State